



Plymouth State University
 Office of the Registrar
 17 High St, MSC #7
 Plymouth, NH 03264
 Phone: (603) 535-2345
 Fax (603) 535-2724

Student Request for Release of Educational Records

To: Registrar's Office
 17 High St, MSC #7
 Plymouth, NH 03264

From:
 Name of Student Student Id

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational record cannot be released without my written consent or a Parental Affidavit for Educational Record Release certified by my parent or guardian.

I therefore request that the information listed below be released to the following:

Name

Street Address City State Zip

Information to be released (Please specify documents and semester):

Purpose

I understand that I must make this request for information each time it is needed.

Signed: _____
Signature of Student *Date*

MISC READMIT/ADMIT TERM _____ SCANNED/INDEXED
* Effective Spring 2010 (201030)